



HOPE  
PREVENTION  
CARE  
EXERCISE  
HEALTH



# WISCONSIN ARTHRITIS WORKSITES POLICY INVENTORY





PURPOSE:

The Wisconsin Arthritis Program chose to develop this inventory to raise awareness about arthritis and to provide a resource that educates organizations, professionals, and citizens on existing state-level policies that affect risk factors associated with rheumatic conditions.

This document can be used as a tool in the following ways:

- » To spread key public health messages to policy makers, the public health community, schools and worksites so that they can implement changes in the policies and environments
- » To increase awareness of community needs and opportunities for interventions
- » To raise awareness of the burden of arthritis among policy holders and decision makers by documenting the magnitude of arthritis
- » To increase awareness of risk factors like physical inactivity, poor nutrition, obesity and joint injuries
- » To improve the quality of life among people affected by arthritis by giving them information on resources and evidence based programs available to address arthritis
- » To improve the health and fitness of people at risk and those suffering from arthritis
- » To identify policy gaps and focus organizational and grassroots efforts to work towards the creation and implementation of corrective policies at state and organizational levels to prevent arthritis and other chronic conditions that share risk factors



METHODOLOGY:

The Program utilized the following methods to develop this inventory.

We reviewed the Wisconsin Policy Inventory for the Heart Disease and Stroke Prevention Program from January 2007, updated and included state-level policy information for similar risk factors for arthritis. Additional policies were researched on the Wisconsin State Legislature web site, Legislative Reference Bureau with new searches to include additional keywords that are more specific to arthritis. While the reference document also included organization-level policies, the Arthritis Program decided not to include this information as the data was not updated from one-time surveys dated 2006 or earlier.

Each policy was categorized based on risk factors. For each policy, the following information was collected:

- 1) Policy: including laws, regulations, and rules (both formal and informal)
- 2) Environmental Strategy supporting the policy: Changes to economic, social and physical environments
- 3) The purpose or contents of the policy
- 4) The Wisconsin Policy Reference i.e. citation, wherever possible

We gathered information on Evidence-Based Programs beneficial for decreasing the risk factors associated with arthritis. The Program and statewide partners contributed to the compilation of researched and proven effective programs available for people with arthritis and other chronic conditions in Wisconsin.

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DEFINITION OF  
ARTHRITIS AND BURDEN

Arthritis literally means joint inflammation: “arth” refers to the joints, and “itis” refers to inflammation. The common warning signs for arthritis are pain, swelling, stiffness and difficulty moving one or more joints.

Types of Arthritis

Non-inflammatory arthritis (Osteoarthritis, a degenerative joint disease) occurs when the thin line of cartilage at the end of the bones breaks down and disintegrates. The most commonly affected joints include the knees, hips, hands, ankles, and spine. Inflammatory arthritis which is less common, affects joints and the surrounding tissues, and other organs, such as the heart, lungs, kidneys, and eyes. Some examples include rheumatoid arthritis, gout, lupus, ankylosing spondylitis, and psoriatic arthritis.

Risk factors

- » Non-modifiable- age, gender, genetics
- » Modifiable- overweight and obesity, joint injuries, infection, and occupation

WHY IS ARTHRITIS A PUBLIC  
HEALTH PROBLEM?

Arthritis impacts an individual’s health, work life, and the quality of life AND the systems that support and influence the population’s health through direct costs like medical expenditures and indirect costs like time of work lost for employers.

Over one million people in Wisconsin have arthritis. Arthritis is the nation’s most common cause of disability. For example 1 in 3 people with arthritis between the ages of 18 and 64 report arthritis-attributable work limitation. 1 of 2 adults develops symptomatic knee osteoarthritis by age 85 which has led to very costly health care. The total cost for Wisconsin was \$2.4 billion. It has been reported that 418,000 total knee replacements were performed in 2003, primarily from arthritis. Arthritis shares so many risk factors with other chronic conditions, more than half of adults with diabetes or heart disease also have arthritis.

ARTHRITIS IN WISCONSIN

Adults with arthritis: 28%  
18 – 64 year olds with arthritis: 22%  
65+ year olds with arthritis: 58%  
Arthritis attributable work limitation: 33%

PERCENT OF WISCONSIN ADULT  
WITH MODIFIABLE RISK FACTORS  
ASSOCIATED WITH ARTHRITIS (2005)

Less than 5 servings Fruit and Vegetables per day	80%
Current Smoker	23%
Overweight (includes obese)	61%
Lack of Physical Activity	45%

FUTURE OF ARTHRITIS

The population is aging and the prevalence of arthritis is expected to increase. It is projected that over 20 million more adults will have arthritis by 2030.

WHY IS THIS INVENTORY  
IMPORTANT FOR WORKSITES?

Employees spend approximately 36 percent of their total waking hours at work. The worksite settings include hotels, hospitals, manufacturing facilities, businesses, schools etc. Healthier employees are more productive but research shows more and more employees are becoming overweight from poor eating habits and physical inactivity. That’s why the workplace is an ideal setting to address wellness issues by creating a work environment that supports and encourages good health. Wellness programs and policies can be designed to create an environment and individual-level approaches to improve physical activity, diet, and assist in decision-making priorities for food and physical activity choices. At worksites, public health goals (e.g, healthy employees) can be combined with business goals (productivity and competitiveness) to make business sense to employers. Environmental strategies include reducing portion sizes, modifying cafeteria recipes to lower fat contents, and increasing the accessibility of fitness equipment at the workplace. Worksites are one key environment for this change to take place.



RISK FACTORS FOR  
WORKSITE SETTING

PHYSICAL INACTIVITY

To be physically inactive is to not have any regular pattern of physical activity beyond daily functioning. Physical inactivity is a modifiable risk factor for arthritis and can lead to instability and weak muscles around joints. Exercise is important for maintaining proper weight, improving strength and coordination, increasing range of movement, and reducing fatigue. Engaging in joint friendly activities; such as, walking, swimming, and participating in available arthritis-specific exercise interventions can help maintain a healthy weight and reduce arthritis pain and disability. Evidence indicates that both endurance and resistance types of exercise programs provide considerable disease-specific benefits for persons with osteoarthritis or other rheumatic conditions without increasing symptoms or worsening disease progression. Evidence based interventions of physical activity have been included in industrial plants, universities, federal agencies, and low-income communities. These programs should be appropriate for the target population and accessible to diverse settings and groups.

IN WORKSITES

The worksite is an appropriate setting to promote and implement health promotion programs. Adding physical activity to employee’s workdays by fostering supportive work environments that encourage physical activity will work towards promoting positive health. Employers can see the benefits of improvements in employee productivity, reduced illness related absenteeism, and lower employee health care costs through wellness programming. Physical activity can be encouraged in worksites at an individual level by increasing awareness, establishing public policies, and encouraging active communities.

WI STATE POLICIES INFLUENCING PHYSICAL ACTIVITY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote use of Non-Vehicular Transport Alternatives		
Encourage state employees to use non –vehicular transport	Promotion of alternate transportation programs. Promote and encourage participation in the group transportation program. Promote and encourage alternate means of transportation for state, municipal and federal employees and persons in the private sector. The department may provide contract group transportation of state employees from designated pickup points to work sites and return in the absence of convenient and public scheduled transportation. Fee established under this subsection for parking at every facility, except the parking specified par.em.16.843(2)(bm).	S.16.82(5)
Encourage use of bicycles	Establish bicycle storage racks adjacent to the capitol and all state office buildings.	s.16.84 (13)
Authority to designate bicycle lanes and bicycle ways	The governing body of any city, town, village or county may by ordinance:(a) Designate any roadway or portion thereof under its jurisdiction as a bicycle lane (b) Designate any sidewalk or portion thereof in its jurisdiction as a bicycle way	s. 349.23
Support Non-vehicular Transport	Planning for bicycle facilities. The department shall draft model local zoning ordinances for the planning, promotion and development of bikeways and bicycle racks.	s.85.023
Educate on bicycle rules	Publish bicycle rules and safety make such literature available without charge to local enforcement agencies, safety organizations, and schools and to any other person upon request.	s.85.07(4)

NUTRITION

Nutrition is the study of food and how our bodies use food as fuel for growth and daily activities. Food provides the energy and nutrients our bodies need to be healthy. The environment that we live in encourages us to eat certain foods. Poor nutrition is a modifiable risk factor for arthritis. All persons with arthritis, young and old, can benefit from eating a healthy, well-balanced diet based on variety, balance and moderation. A good diet promotes overall health, helps to control weight and is a positive step toward managing arthritis.

IN WORKSITES

In Worksites, employers and managed care organizations can identify appropriate strategies to improve the quality of life of their employees. Worksite health promotion is intended to give employers and organizations an evidence base to determine which available approaches are effective in promoting healthy lifestyles, preventing disease, and increasing the number of people who receive appropriate preventive counseling and screening. Worksite-specific policies and activities that can help employers choose those health promotion program components are proven to be effective in changing the behavior and improving the health of employees.

WI STATE POLICIES INFLUENCING NUTRITION

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Improve Access to Healthy Food		
Public markets; establishment; conditions; regulation	Give assistance in the organization, operation or reorganization of such public markets as are authorized by law and of cooperative association.	s. 93.06 (5)
Food products exempt from taxes	Except as provided in par. (c), there are exempt from the taxes imposed by his subchapter the gross receipts from the sales of, and the storage use or other consumption of, food, food products and beverages for human consumption.	s.77.55
Support Farmer's Markets	Currently, there are 114 farmer's markets in Wisconsin, an increase from the 58 in 2005. <a href="http://www.ams.usda.gov/farmersmarkets/States/Wisconsin">www.ams.usda.gov/farmersmarkets/States/Wisconsin</a> .	USDA
Senior Farmer's Market Nutrition Program	Provides eligible seniors with a voucher for use locally grown fruits and vegetables). Operates in 37 Wisconsin Counties.	Department of Agriculture



OBESITY

Obesity is a risk factor for the onset and deterioration of musculoskeletal conditions of the hip, knee, ankle, foot and shoulder. One in four adults with doctor-diagnosed arthritis, are overweight or obese. Evidence suggests that elevated body mass index (BMI) predicts the incidence of osteoarthritis. Obese adults are up to 4 times more likely to develop knee osteoarthritis than normal weight adults. A newly published CDC study reports that nearly two of three

obese adults will develop painful knee osteoarthritis during their lifetime. It has been demonstrated that overweight and obese individuals put more stress on their lower-extremity joints during every day activities than normal-weight individuals. Weight loss as little as ten pounds reduces the risk of developing knee osteoarthritis among women by fifty percent. Educating on the risks of obesity in all organizational levels can help reduce the risk for arthritis.

WI STATE POLICIES INFLUENCING ADEQUATE NUTRITION AND PHYSICAL ACTIVITY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Establishment of Outdoor Recreational Facilities		
Allow for the inclusion of outdoor areas that encourage physical activity	As a part of any highway improvement or as a separate project under this section, a portion of a hiking trail, cross-country ski trail, bridle trail or bicycle trail under the management of a state agency, municipality or nonprofit corporation may be incorporated into the highway right-of-way, and facilities for safe crossing of the highway may be provided.	s. 84.06(11)
Allow state agencies to acquire rail property transportation/ recreation purposes	The department of transportation shall have the first right to acquire, for present or future transportation or recreational purposes, any property use in operating railroad or railway.	s. 85.09
Promote Healthy Eating Habits. Promote, protect and maintain the public's health		
Establish state level programs	Under the leadership of the state epidemiologist for chronic disease, the department shall conduct to prevent, delay, and detect the onset of chronic diseases, including cancer; diabetes, cardiovascular and pulmonary disease, cerebrovascular disease and genetic disease, and other chronic diseases that the department determines are important to protect and maintain the public's health.	s. 255.03
University of Wisconsin Extension Strategic Plan 2003-2005	WNEP provides community based nutrition education programs, within a university research based context. It serves Wisconsin citizens in 64 counties.WNEP is funded by federal dollars.	
EFNEP	EFNEP is designed to assist limit resource au acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and improvement of the total family diet and nutritional well being.	
FSNE	The goal of the food Stamp Nutrition Education program is to provide educational program that increase, within a limited budget the likelihood of all food stamp recipients making healthy food choices and choosing life styles consistent with most choices reflected in dietary guidelines for American and Food Guide Pyramid.	
Improve Access to Healthy Food		
Women, Infants and Children (WIC) program	Only grocery stores and pharmacies that are authorized as vendors by the state WIC office may accept WIC drafts and be reimbursed by the state WIC office for foods provided to participants.	Wisconsin Administrative Code; HFS 149.03(5)
WIC Farmer's Market Nutrition Program	Provides WIC participants with checks to purchase locally-grown fresh fruits, vegetables and herbs at farmer's markets.	WIC Farmers Market Nutrition Act of 1992 (7 CFR Part 248)
Food Stamp Program	The purpose of the Food Stamp Program is to raise the nutritional level among low-income assistance units.	106 CMR 360 Dept of Transitional Assistance
Public markets; establishment; conditions; regulation food products exempt from taxes	Give assistance in the organization, operation or reorganization of such public markets as are authorized by law and of cooperative association. Except as provided in par. (c), there are exempt from the taxes imposed by this subchapter the gross receipts from the sales of, and the storage, use or other consumption of, food, food products and beverages for human consumption.	s. 93.06 (5) s. 77.55



INJURY

Previous joint injury is an independent risk factor for osteoarthritis. The chronic overuse and acute traumatic soft-tissue injuries can cause damage to a joint and contribute to the development of osteoarthritis in that joint. Injuries are a modifiable risk factor and can be prevented with weight control and precautions to avoid certain occupational and sports injuries.

Some Professions Have High Risk of Injury

Three occupations with the greatest number of injuries and illnesses are laborers and material movers; heavy and tractor-trailer truck drivers; and nursing aides, orderlies, and attendants.

Overall, the agriculture, forestry, fishing and hunting trades and the mining industry remain the most dangerous in terms of the number of deaths per 100,000 workers. Injury statistics show a similar breakdown, but education and health care jobs rank much higher in injury totals and rates than they do in fatality rates.

Highway accidents (1,329 deaths, the lowest annual total since 1993) accounted for nearly 1 in 4 of the fatal work injuries in 2006. Construction-associated deaths (1,226) and transportation and warehousing deaths (832) were the other top categories. There was a large increase in aircraft-related fatalities, to 215 work-related deaths involving aircraft.

When sprains and strains, bruises and contusions, cuts and lacerations, and fractures are combined, they account for nearly two-thirds of workplace injury cases resulting in days away from work.

**Workplace Injuries** Medical college of WI <http://healthlink.mcw.edu/article/1031002798.html>



WI STATE POLICIES INFLUENCING INJURY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Safe outdoor recreation areas		
Create safe areas for outdoor recreation	The Department of Transportation shall adopt a manual establishing a uniform system of signs and signals, markings and devices for the purpose of regulating, warning, or guiding bicycle traffic on highways, streets and bikeways, as defined in 84.60 (1).	s. 84.02 (f)
Reasonable pedestrian accommodation to be provided in project design	All of the applicable provisions of this chapter pertaining to highways, streets, alleys, roadways and sidewalks also apply to pedestrian ways. A pedestrian way means a walk designated for the use of pedestrian travel.	s. 346.02 (8) (a)
Protect Workers During Illness		
WI Family and Medical Leave (FMLA)	Its purpose is to provide for a specified amount of unpaid leave for employees of large employers who may need transition time for the birth or adoption of a child or who may need to attend to their own medical needs or those of a family member.	s.103.10(3)
Extend Health Insurance Coverage		
Private employer health care purchasing alliance	The department shall design an actuarially sound health care coverage program for employers that includes more than one group health care coverage plan .The health care coverage program shall be known as the "Private Employer Health Care Purchasing Alliance".	s.40.98(2)(1)  Administered through the office of the Commissioner of Insurance.
Continue health care coverage after termination from employment	The department shall enter into contracts with insurers who are to provide health care coverage under the health care coverage program.	s. 40.98(2)(a)3
Standardize Measures		
Health plan employer data and information set (HEDIS)	Its purpose is to provide to health care providers, insurers, consumers, governmental agencies and others information concerning health care providers and uncompensated health care services, and provide information to assist in peer review for the purpose of quality assurance.	WI Adm. Code HFS 120
Provide Medical Care / Health insurance To Those in Need		
Badger Care	The department shall administer a program to provide the health services and benefits to persons that eligibility requirement. The department shall promulgate the rules setting forth the application procedures and appeal and grievance procedures.	s.49.665(3)
WI Senior Care	Senior Care is Wisconsin's Prescription Drug Assistance Program for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements.	s.49.688,s.227.11(2),and WI Adm.Code HFS 109
WI Medical Assistance Program	Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women.	s.49.43 to 49.499,stats., and WI Adm Code HFS 101 to 108

WI STATE POLICIES INFLUENCING INJURY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Provide Special Services to all Persons with Physical Disabilities		
Include cardiovascular impairment in the definition of “physical disability	“Physical disability” means a physical condition including an anatomical loss or musculoskeletal, neurological, respiratory or cardiovascular impairment, which results from injury, disease or congenital disorder and which significantly interferes with or significantly limits at least one major life activity of a person.	s. 15.197 (4) 2
Provide Emergency Medical Services		
Good Samaritan Act	Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care.	s. 895.48
Establish emergency medical service board	There is created an emergency medical services board, which is attached to the department of health and family services under s. 15.03.	s. 15.195 (8)
Require emergency medical service personnel to be licensed or certified  First aid training given to emergency personnel	No person may act as an ambulance service provider, medical technician or a first responder unless the person holds an ambulance service provider license, medical technician license, a first responder certificate issued under this section.  No person may act as an ambulance service provider, medical technician or a first responder unless the person holds an ambulance service provider license, medical technician license, a first responder certificate issued under this section.	s. 146.50 (2)
Establish statewide EMS system	The plan includes an identification of priorities for changes in the state emergency medical service system .	s. 146.53
Oversee the development of emergency medical services	Emergency medical services programs : approved by the department, conduct an emergency medical services program using emergency medical technicians- paramedics for the delivery of emergency medical care to sick, disabled or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities.	s. 146.55(2)
Require First Responders to be certified	Except as provided in ss. 146.51 and 146.52, the department shall certify qualified applicants as first responders.	s. 146.50 (8)
Safe Working Environment		
Basic Safe Place	Employers duty to furnish safe employment and place.(1) Place of employment constructed, repaired and maintained to render the same safe. No employer shall require, permit or suffer any employee to go or be in any employment or place of employment which is not safe, and no such employer shall fail to furnish, provide and use safety devices and safeguards, or fail to adopt and use methods and process reasonably adequate to render such employment and place of employment safe, and no such employer shall fail or neglect to do every other thing reasonably necessary to protect the life, health, safety or welfare of such employees.	s.101.11

TOBACCO USE

Over 8,000 deaths annually in Wisconsin can be attributed to smoking. About 20% of Wisconsin adults smoke. Smoking can harm nearly every organ of the body and is the cause of many diseases including cancer, heart disease, and chronic obstructive lung disease. Another form of tobacco use is from smokeless tobacco such as snus, snuff, or spitting tobacco which contains 28 cancer causing agents. Women who smoke have a modest elevated risk of Rheumatoid Arthritis. According to the Centers for Disease Control, the prevalence of smoking is 50% higher among people who have a disability over people who do not have a disability. With Arthritis as the leading cause of disability, strategies to reduce tobacco use can significantly impact the health of people in Wisconsin.

IN WORKSITES

Tobacco use is a significant contributor to health care and lost productivity costs. According to the Centers for Disease Control, worksites are a major source for second hand smoke exposure and in some work settings such as restaurants and bars the exposure to the harmful carcinogens is especially concentrated.

WI STATE POLICIES INFLUENCING TOBACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Clean Indoor Air		
Prohibit smoking	Smoking prohibited in educational facilities, day care centers, hospitals, immediate vicinity of the state capitol, inpatient health care facilities, jails, lockup facilities, offices, public conveyance, indoor movie theaters, passenger elevators, public waiting rooms, prison, physician's offices, restaurants, retail establishments, retirement homes, and state institutions Note: Subd. 1. is shown as amended eff. 7_1_08 by 2007 Wis. Act 20, section.  This bill establishes a complete ban on indoor smoking at any indoor locations with exceptions for private residences, a limited number of designated rooms in lodging establishments, and certain residence rooms in assisted living facilities. In addition to the specified indoor locations listed under current law, the bill prohibits smoking in any public place or place of employment. The bill defines “a place of employment” to be any indoor place that employees normally frequent during the course of employment, such as an office, a work area, an employee lounge, a restroom, a conference room, a meeting room, a classroom, or a hallway. The bill also defines a “public place” to be a place that is open to the public, regardless of whether a fee is charged or a place to which the public has lawful access or may be invited. In addition, the bill defines an “enclosed place” for purposes of determining at what locations smoking is prohibited. An enclosed place must have a roof and at least two walls.	s. 101.23 SB-181 WIS STAT 101.123
Prohibit the sale or transfer of tobacco products to minors	No retailer, manufacturer, distributor, jobber or sub-jobber; no agent, employee or independent contractor of a retailer, manufacturer, distributor, may sell or provide for nominal or no consideration cigarettes or tobacco products to any person under the age of 18.	s. 134.66 (2)(a)
Regulation of smoking in hospitals and physician's offices	No person may smoke in a hospital or in a physician's office. The only exception is as stated in s. 101.123 (2) (am).	s. 101.23 SB-181 WIS STAT 101.123

WI STATE POLICIES INFLUENCING TABACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Smoking policies in public places		
Government Buildings	Smoking is restricted to designated areas in any enclosed indoor area of a state, county, city, village, or town building.	s. 101.23 SB-181 WIS STAT 101.123
Child Care Centers	Smoking is prohibited on the premises, indoors or outdoors, of a day care center; when children who are receiving day care services are present.	s. 101.23 SB-181 WIS STAT 101.123
Health Facilities	Smoking is restricted to designated areas in inpatient health care facilities. Smoking is prohibited in hospitals or physician's offices except in hospitals that have as a primary purpose the care and treatment of mental illness, alcoholism, or drug abuse.	s. 101.23 SB-181 WIS STAT 101.123
Restaurants	Any restaurant regardless of seating capacity or the number of liquor sale receipts. This bill prohibits smoking in any tavern. The bill also specifically prohibits smoking in private clubs.	WIS. STAT. § 134.66 (2003).
Prevent Youth Tobacco Use		
Prohibit the sale or transfer of tobacco products to minors	No retailer, manufacturer, distributor, jobber or sub-jobber; no agent, employee or independent contractor of a retailer, manufacturer, distributor, jobber or sub-jobber and no agent or employee of an independent contractor may sell or provide for nominal or no consideration cigarettes or tobacco products to any person under the age of 18.	s. 134.66 (2)(a)
Establish Statewide Tobacco Control Program		
Appropriate public funding	From the appropriation under s. 20.435(5)(fm), the Department shall administer a statewide tobacco use control program (using) GPR funds.  Wisconsin's statewide program includes: local tobacco control coalitions, a statewide quit line, a counter-marketing campaign, programs targeted to pregnant smokers, youth, young adults and communities of color.	s. 255.15 (1m), s. 255.15 (3), s. 16.519 (4) Ceraso, M. Tobacco Taxes: Implications for Public Health; Issue Brief; Wisconsin Public Health & Health Policy Institute, April 2003, (4) No. 3
Regulate Tobacco Sales		
Regulation of vending machines; penalties for particular offenses; sales to children	Owners of vending machines that contain cigarettes or tobacco must place a notice in a conspicuous place, stating that it is unlawful for those under 18 to purchase the product and the purchaser is subject to a fine of up to \$50. NOTE: Sub. (5) is shown as amended eff. 7_1_08 by 2007 Wis. Act 20, section 912I (6) (a).ordinances regulating sales.  The American Lung Association recognizes Wisconsin for increasing its cigarette tax by \$1.00 to \$1.77 per pack and for significantly increasing funding for its tobacco control program.	s. 134.66(2), s. 134.66(cm) 1m, s. 134.66 (2)
Reduce tobacco sales by imposing an excise tax	Wisconsin imposes an excise tax upon the sale, offering, or exposing for sale, possession with intent to sell.  Cigarettes and other tobacco product wholesalers are required to mark up the price of cigarettes or other tobacco products at least 3% .	Wisconsin Admin. Code; ATPC 105.01

KEY PUBLIC HEALTH MESSAGES

Early diagnosis, participation in self-management activities, and treatment of arthritis can help patients decrease pain, improve function, and lower their health care costs. Key self-management activities include:

**LEARN ARTHRITIS MANAGEMENTSTRATEGIES** Learning pain reduction techniques, and participating in self-management education, such as the arthritis foundation self help program and the chronic disease self management program (CDSMP) can help you to development the skills and confidence you need to manage your arthritis on a day to day basis.

**BE ACTIVE** Research shows that physical activity can decrease pain, improve function, and delay the onset of disabilities for individuals. Moderate physical activity can be preformed for 30 minutes, three times a week, or at 10 minute intervals, three times a day.

**WATCH YOUR WEIGHT** If you are over weight or obese it may put you at risk for arthritis. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression.

**SEE YOUR DOCTOR** If you have symptoms of arthritis, please see your doctor for an appropriate diagnosis. Early diagnosis can help in the management your condition.

**PROTECT YOUR JOINTS** Joint injuries may lead to the onset of osteoarthritis. People who participate in high impact activities, or have jobs with repetitive motions may be more likely to have osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

EVIDENCE BASED PROGRAMS

**THREE MAIN PUBLIC HEALTH INTERVENTIONS:** Self-management education, physical activity, and weight management, can reduce the impact of arthritis.

**APPROPRIATE PHYSICAL ACTIVITY** decreases pain, improves function, and delays disability.

**LOW IMPACT EXERCISES**, such as walking, stretching, cycling, or swimming are easy on the joints and help you stay strong and flexible.

**THE AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDS MAINTAINING A HEALTHY WEIGHT** to benefit patients with hip or knee osteoarthritis. Losing even a small amount of weight can help by easing the stress on your joints.

**SELF-MANAGEMENT EDUCATION PROGRAMS** are proven to reduce pain and depression, delay disability, improve self-efficacy, physical function, increase the quality of life, and reduce healthcare costs.

**PHYSICAL THERAPY AND OCCUPATIONAL THERAPY** is helpful to deal with symptoms and disability caused by arthritis.



The CDC Arthritis Program recommends evidence-based programs that are proven to improve the quality of life of people with arthritis.

**CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)** / Tomando Control de su Salud (Spanish version) are workshops called *Living Well* in Wisconsin and are effective self-management education program for people with chronic health problems. Participants learn useful skills for managing a variety of chronic diseases. *Living Well* workshops are held in community settings and meet for two and a half hours per week for 6 weeks. This program covers topics such as: techniques to deal with problems associated with chronic disease, appropriate exercises, use of medications, communicating effectively with family, friends, and health professionals, nutrition, and, how to evaluate new treatments. Participants who took *Living Well* have demonstrated significant improvements in exercise, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

**ARTHRITIS FOUNDATION SELF-HELP PROGRAM** is an effective self-management education intervention for people with arthritis. Participants report a 20% decrease in pain, and a 40% decrease in physician visits, even 4 years after course participation.

**PHYSICAL ACTIVITY PROGRAMS**

**ARTHRITIS FOUNDATION EXERCISE PROGRAM** is a community-based recreational exercise program developed by the Arthritis Foundation. Classes typically meet two or three times per week. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. The program demonstrates benefits including improved functional ability, decreased depression, and increased confidence in one’s ability to exercise.

**ARTHRITIS FOUNDATION AQUATIC PROGRAM** is a water exercise program created by the Arthritis Foundation for people with arthritis and related chronic conditions. The classes typically meet two or three times per week for one hour. The aquatics classes include joint range of motion, stretching, breathing, and light aerobic activities to improve flexibility, joint range of motion, endurance, strength, and daily function.

**COMMUNICATION CAMPAIGNS**  
*Physical Activity. The Arthritis Pain Reliever* is a full print and radio health communication campaign developed to promote the management of arthritis pain, increase

knowledge of appropriate physical activity, and one’s confidence in the ability to increase physical activity. Buenos Dias, Artritis is a full print and radio health communication campaign developed to promote the designed to reach Spanish-speaking Hispanics with arthritis between the ages of 45–64, with an annual income of \$35,000 or less. This campaign is targeted primarily to persons with advanced symptoms, where arthritis is perceived as interfering with one or more life activities.

To find out where these programs are available call the Arthritis Foundation Wisconsin Chapter (AF-WC) Information and Referral number at 1-800-242-9945.

**THE WORKSITE WELLNESS RESOURCE KIT** is a tool to assist worksites with implementing project strategies that have been proven to be effective. The resource kit is a project of the Nutrition and Physical Activity Program, Diabetes Prevention and Control Program, Heart Disease and Stroke Program, Comprehensive Cancer Program, and Arthritis Program. Worksites are an important venue to address nutrition and physical activity issues. The Wisconsin Worksite Wellness Resource Kit was developed to assist businesses in starting and maintaining a wellness program for their staff. The focus is on reducing the risk factors to chronic disease: poor nutrition, inactivity and tobacco use.

- This tool offers a step-by-step guide to use.
- 1) Getting started
  - 2) Assessing their worksite
  - 3) Identifying what types of activities to implement
  - 4) Linking to valuable information on how to implement strategies
  - 5) Determining ways to measure effectiveness.

The worksite wellness toolkit helps the employer to identify the strengths and weaknesses of their wellness and health promotion policies, develop an action plan to implement or improve worksite wellness program, and provide a multi-faceted payback on employer’s investment.

For more info: <http://dhs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>.

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RESOURCES

Wisconsin State Legislature-Legislative Reference Bureau  
[www.wisconsinarthritisprogram.org](http://www.wisconsinarthritisprogram.org)  
<http://www.legis.state.wi.us/RSB/STATS.HTML>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/>

Wisconsin Department of Health Services  
<http://dhs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>

Arthritis Foundation  
<http://www.arthritis.org/chapters/wisconsin/>

Healthy People 2010  
<http://www.healthypeople.gov/>

Promising Practices  
[www.fightchronicdisease.org/promisingpractices](http://www.fightchronicdisease.org/promisingpractices)

U.S. Department of Health and Human Services  
<http://www.health.gov/paguidelines/Report/Default.aspx>  
<http://www.legis.state.wi.us/rsb/code.htm>  
<http://www.dot.state.wi.us/projects/state/docs/ped2020-summary.pdf>  
<http://www.dot.state.wi.us/projects/state/docs/bike2020-plan.pdf>  
<http://www.dhfs.wisconsin.gov/Medicaid/?pharmacy/pdl/index.htm>  
<http://dhfs.wisconsin.gov/medicaid/pharmacy/pdl/pdfs/quickref050108.pdf>  
[http://www.health.gov/paguidelines/Report/pdf/G5\\_musculo.pdf](http://www.health.gov/paguidelines/Report/pdf/G5_musculo.pdf)  
<http://www.dot.wisconsin.gov/localgov/aid/saferoutes.htm>

Worksite Wellness Toolkit Resource-  
<http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>

Arthritis Foundation Exercise Program  
<http://www.arthritis.org/af-exercise-program.php>

For the next step after your policy research.  
<http://www.healthypeople.gov/>  
<http://www.dhfs.state.wi.us/statehealthplan/index.htm>

CDC Arthritis Webpage for the “Physical Activity. The Arthritis Pain Reliever.” Campaign  
<http://www.cdc.gov/arthritis/campaigns/index.htm>

Chronic Disease Self Management  
<http://patienteducation.stanford.edu/programs/cdsmp.html>

Medical College of WI  
<http://healthlink.mcw.edu/article/1031002798.html>

NIOSH Safety  
<http://www.cdc.gov/niosh/topics/aginjury/>



**THE WISCONSIN ARTHRITIS ACTION COUNCIL VISION:** FOR WISCONSIN INDIVIDUALS AND FAMILIES TO HAVE ACCESS IN ALL SETTINGS TO INFORMATION AND PROGRAMS RELATED TO ARTHRITIS PREVENTION, SELF-MANAGEMENT, AND APPROPRIATE COMPREHENSIVE CLINICAL CARE. **MISSION:** TO PROVIDE STATEWIDE COORDINATION AIMED AT PREVENTION, MANAGEMENT, AND SUPPORT FOR WISCONSIN RESIDENTS WITH ARTHRITIS AND THEIR FAMILIES AND TO EXPAND THE SCOPE AND AVAILABILITY OF RESOURCES IN ALL SETTINGS STATEWIDE (COMMUNITIES, WORKSITES, HEALTHCARE, AND SCHOOLS).